

Virginia Administrative Code

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12VAC30-130-900. Definitions.

The following words and terms when used in this part shall have the following meanings, unless the context indicates otherwise:

"Case management" means an activity, including casework, that assists Medicaid eligibles in gaining and coordinating access to necessary care and services appropriate to his needs.

"Casework" means both direct treatment with an individual or several individuals, and intervention in the situation on the client's behalf. The objectives of casework include meeting the client's needs, helping the client deal with the problem with which he is confronted, strengthening the client's capacity to function productively, lessening distress, and enhancing opportunities and capacities for fulfillment.

"Child" means any individual less than 18 years of age or under 21 if placed by a local department of social services or through referral from a Family Assessment and Planning Team.

"Child's family" means the birth or adoptive parent or parents, legal guardian or guardians, or family to whom the child may return.

"Child placing agency," "agency" or "agencies" means any person who places children in foster homes, adoptive homes, child-caring institutions or independent living arrangements in response to §§63.1-204, 63.1-205, and 63.1-219.28 of the Code of Virginia or a local board of public welfare or social services that places children in foster homes or adoptive homes pursuant to §§63.1-56, 63.1-204, and 63.1-219.28 of the Code of Virginia. Officers, employees, or agents of the Commonwealth, or of any county, city, or town, acting within the scope of their authority as such, who serve as or maintain a child-placing agency shall not be required to be licensed if authorized by the Code of Virginia to provide the services of a child-placing agency.

"Client" means Medicaid-eligible and enrolled individual.

"Community Planning and Management Team" means a team described in §2.1-750 of the Code of Virginia.

"Comprehensive Services Act" means §2.1-745 et seq. of the Code of Virginia.

"Department" or "DMAS" means the Department of Medical Assistance Services.

"Family Assessment and Planning Team" means a team described in §§2.1-753, 2.1-754, and 2.1-755 of the Code of Virginia.

"Foster care placement" means placement of a child through (i) an agreement between the parents or guardians and the local board or the public agency designated by the community policy and management team where legal custody remains with the parents or guardians or (ii) an entrustment or commitment of the child to the local board or child-placing agency.

"Foster care services" means the provision of a full range of casework, treatment and community services for a planned period of time to a child under age 21 who is abused or neglected as defined, except for age, in §63.1-248.2 of the Code of Virginia or in need of services as defined in §16.1-228 of the Code of Virginia and to his family when the child (i) has been identified as needing services to prevent or eliminate the need for foster care placement, (ii) has been placed through an agreement between the local board of social services or the public agency designated by the community policy and management team and the parents or guardians, and (iii) has been committed or entrusted to a local board of social services or child-placing agency.

"Foster home" means the place of residence of any individual or individuals approved by a local department of social services or licensed child placing agency in which any child other than a child by birth or adoption resides as a member of the household.

"Initial plan of care" means a written plan that delineates the services that are to be provided to the child at admission.

"Records" means the written information assembled in a file relating to the agency, staff, volunteers, the child, the child's birth family, the child's foster family, the child's treatment foster family, and the child's adoptive family.

"Treatment" is the coordinated provision of services and use of professionally developed and supervised interventions designed to produce a planned outcome in a person's behavior, attitude, emotional functioning or general condition.

"Treatment and service plan" means a written comprehensive plan of care, based on an assessment of the medical, psychological, social, behavioral and developmental aspects of the child's situation, containing measurable goals, procedures and interventions for achieving them, and a process for assessing the results. The treatment plan must state the treatment objectives; prescribe an integrated program of therapies, activities, and experiences designed to meet the objectives; and must include coordination with related community services to ensure continuity of care with the child's family, school and community.

Treatment Foster Care Case Management**12VAC 30-130-900 through 12VAC 30-130-950**

"Treatment foster care (TFC)" means a community-based program where services are designed to address the special needs of children. Services to the children are delivered primarily by treatment foster parents who are trained, supervised, and supported by agency staff. Treatment is primarily foster family based and is planned and delivered by a treatment team.

Treatment foster care focuses on a continuity of services, is goal-directed, results oriented, and emphasizes permanency planning for the child in care.

"Treatment team" means the group that may consist of the child, professional agency staff, other professionals, the child's family members (where appropriate), and the child-placing agency and treatment foster parents who provide mutual support, evaluate treatment, and design, implement and revise the treatment and service plan.

12VAC30-130-910. Targeted case management for foster care children in treatment foster care covered services.

Service description. Case management is a component of treatment foster care (TFC) through which a case manager or caseworker provides treatment planning, treatment services, monitors the treatment plan and links the child to other community resources as necessary to address the special identified needs of the child. Services to the children shall be delivered primarily by treatment foster parents who are trained, supervised and supported by professional child-placing agency staff. TFC case management focuses on a continuity of services, is goal directed, results oriented, and emphasizes permanency planning for the child in care. Services shall not include room and board. The following activities are considered covered services related to TFC case management services.

1. Placement activities, which may include, but are not restricted to, care planning, placement monitoring, and discharge planning;
2. Case management and casework services; and
3. Supervision of foster parents to evaluate the effectiveness of the child's plan of treatment.

12VAC30-130-920. Provider qualifications.

A. License or certification. Treatment foster care case management shall be provided by child-placing agencies with treatment foster care programs that are licensed or certified by the Virginia Department of Social Services to be in compliance with the Minimum Standards for Licensed Child-Placing Agencies (22VAC40-130-10 et seq.) and meet the provider qualifications for treatment foster care set forth in this part.

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B. Caseload size.

1. The treatment foster care case manager shall have a maximum of 12 children in his caseload for a full-time professional staff person. The caseload shall be adjusted downward if:
 - a. The caseworker's job responsibilities exceed those listed in the agency's job description for a caseworker, as determined by the supervisor; or
 - b. The difficulty of the client population served requires more intensive supervision and training of the treatment foster parents.
 - c. Exception: A caseworker may have a maximum caseload of 15 children as long as not more than 10 of the children are in treatment foster care and the above criteria for adjusting the caseload downward do not apply.
2. There shall be a maximum of six children in the caseload for a beginning trainee that may be increased to nine by the end of the first year and 12 by the end of the second year.
3. There shall be a maximum of three children in a caseload for a student intern if any student intern works in the agency.

12VAC30-130-930. Organization and administration requirements.

- A.** These standards shall be met by any enrolled provider signing an agreement with DMAS to provide case management services to children in treatment foster care.
- B.** A Medicaid enrolled treatment foster care case management provider must be licensed by the Department of Social Services (DSS) as a child-placing agency with treatment foster care as defined in this part or shall be certified by DSS as designated by DMAS to meet all the requirements of this part. Officers, employees, or agents of the Commonwealth, or of any county, city, or town acting within the scope of their authority as such, who serve as or maintain a child-placing agency shall not be required to be licensed but shall be required to be certified to meet all the requirements of this part by the DSS.

C. Treatment and service plans in treatment foster care.

1. The treatment foster care case management provider shall prepare and implement an individualized treatment and service plan for each child in its care. When available, the parents shall be consulted unless parental rights have been terminated. If the parents cannot be consulted, the agency shall document the reason in the child's record.

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2. When the treatment foster care case management provider holds custody of the child, a service plan shall be filed with the court within 60 days after the agency receives custody unless the court grants an additional 60 days, or the child is returned home or placed for adoption within 60 days. Providers with legal custody of the child shall follow the requirements of §§16.1-281 and 16.1-282 of the Code of Virginia.

3. The permanency planning goals and the requirements and procedures in the Department of Social Services Service Programs Manual, Volume VII, Section III, Chapter B, "Preparing the Initial Service Plan" may be consulted.

4. *The initial plan of care* for services to the child must be developed within two weeks of placement.

5. *Comprehensive treatment and service plan.* The case manager and other designated child-placing agency staff shall develop and implement for each child in care an individualized comprehensive treatment and service plan within the first 45 days of placement that shall include:

- a. A comprehensive assessment of the child's emotional, behavioral, educational, nutritional, and medical needs;
- b. The treatment goals and objectives including the child's specific problems, behaviors and skills to be addressed, the criteria for achievement and target dates for each goal and objective;
- c. The treatment foster care case management provider's program of therapies, activities and services, including the specific methods of intervention and strategies designed to meet the above goals and objectives, and describing how the provider is working with related community resources, including the child's primary care physician, to provide a continuity of care;
- d. The permanency planning goals and objectives, services to be provided for their achievement, and plans for reunification of the child and the child's family, where appropriate. Unless specifically prohibited by court order, foster children shall have access to regular contact with their families.
- e. The target date for discharge from the program;
- f. For children age 16 and over, the plan shall include a description of the programs and services that will help the child transition from foster care to independent living; and
- g. The dated signature of the case manager and the identity of all members of the treatment team that participated in the plan's development.

6. The case manager shall include and work with the child, the custodial agency, the treatment foster parents and the parents, where appropriate, in the development of the treatment and service plan and a copy shall be provided to the custodial agency. A copy shall be provided to the treatment foster parents as long as confidential information about the child's birth family is not revealed. A copy shall be provided to the parents, if appropriate, as long as confidential information about the treatment foster parents is not revealed. If any of these parties do not participate in the development of the treatment and service plan, the case manager shall document the reasons in the child's record.

7. The case manager shall provide supervision, training, support and guidance to foster families in implementing the treatment and service plan for the child.

8. The case manager shall arrange for and encourage contact and visitation between the foster child, his family and others as specified in the treatment and service plan.

D. Progress report and ongoing services plans.

1. The case manager shall complete written progress reports beginning 90 days after the date of the child's placement and every 90 days thereafter.

2. The progress report shall specify the time period covered and include:

a. Progress on the child's specific problems and behaviors and any changes in the methods of intervention and strategies to be implemented:

(1) Description of the treatment goals and objectives met, goals and objectives to be continued or added, the criteria for achievement and target dates for each goal and objective;

(2) Description of the therapies, activities, and services provided during the previous 90 days toward the treatment goals and objectives; and

(3) Any changes needed for the next 90 days;

b. Services provided during the last 90 days towards the permanency planning goals, including plans for reunification of the child and family or placement with relatives, any changes in these goals, the criteria for achievement and target dates for each goal and objective, and services to be provided during the next 90 days;

c. The child's assessment of his progress and his description of services needed, where appropriate;

d. Contacts between the child and the child's family, where appropriate;

e. Medical needs, specifying medical treatment provided and still needed and medications provided;

f. An update to the discharge plans, including the projected discharge date; and

g. A description of the programs and services provided to children ages 16 and older to help the child transition from foster care to independent living, where appropriate.

3. Annually, the progress report shall address the above requirements as well as evaluate and update the comprehensive treatment and service plan for the upcoming year.

4. The case manager shall date and sign each progress report.

5. The case manager shall include each child who has the ability to understand in the preparation of the child's treatment and service plans and progress reports or document the reasons this was not possible. The child's comments shall be recorded in the report.

6. The case manager shall include and work with the child, the treatment foster parents, the custodial agency and the parents, where appropriate, in the development of the progress report. A copy shall be provided to the placing agency worker and, if appropriate, to the treatment foster parents.

E. Contacts with child.

1. There shall be face-to-face contact between the case manager and the child, based upon the child's treatment and service plan and as often as necessary to ensure that the child is receiving safe and effective services.

2. Face-to-face contacts shall be no less than twice a month, one of which shall be in the foster home. One of the contacts shall include the child and at least one treatment foster parent and shall assess the relationship between the child and the treatment foster parents.

3. The contacts shall assess the child's progress, provide training and guidance to the treatment foster parents, monitor service delivery, and allow the child to communicate concerns.

4. A description of all contacts shall be documented in the narrative.

5. Children who are able to communicate shall be interviewed privately at least once a month.

6. Unless specifically prohibited by court or custodial agency, foster children shall have access to regular contact with their families as described in the treatment and service plan.

7. The case manager shall work actively to support and enhance child/family relationships and work directly with the child's family toward reunification as specified in the treatment and service plan.

8. The case manager shall record all medications prescribed for each child and all reported side effects or adverse reactions.

F. Professional clinical or consultative services. In consultation with the custodial agency, the case manager or caseworker shall provide or arrange for a child to receive psychiatric, psychological, and other clinical services if the need for them has been recommended or identified.

G. Narratives in the child's record. Narratives shall be in chronological order and current within 30 days. Narratives shall include areas specified in this part and shall cover:

1. Treatment and services provided;
2. All contacts related to the child;
3. Visitation between the child and the child's family; and
4. Other significant events.

H. Treatment teams in treatment foster care.

1. The treatment foster care case management provider shall ensure that a professional staff person provides leadership to the treatment team that includes:

- a. Managing team decision making regarding the care and treatment of the child and services to the child's family;
- b. Providing information and training as needed to treatment team members; and
- c. Involving the child and the child's family in treatment team meetings, plans, and decisions, and keeping them informed of the child's progress, whenever possible.

2. Treatment team members shall consult as often as necessary, but at least on a quarterly basis.

12VAC30-130-940. Discharge from care.

A. A discharge summary shall be developed for each child and placed in the child's record within 30 days of discharge. It shall include the date of and reason for discharge, the name of the person with whom the child was placed or to whom he was discharged, and a description of the services provided to the child and progress made while the child was in care. Written recommendations for aftercare shall be made for each child prior to the child's discharge. Such recommendations shall specify the nature, frequency, and duration of aftercare services to be provided to the child and the child's family.

B. The summary shall also include an evaluation of the progress made toward the child's treatment goals.

C. Discharge planning shall be developed with the treatment team and with the child, the child's parents or guardian, and the custodial agency.

D. Children in the custody of a local department of social services or private child-placing agency shall not be discharged without the knowledge, consultation, and notification of the custodial agency.

12VAC30-130-950. Entries in case records.

All entries shall be dated and shall identify the individual who performed the service. If a treatment foster care case management provider has offices in more than one location, the record shall identify the office that provided the service. Each child's record shall contain documentation that verifies the services rendered for billing.
